

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Lamont For Governor					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Elvira	MI M	Last Albert	Suffix		
4. TREASURER ADDRESS						
Street Address 38 Klondike Ave		City Stamford		State CT	Zip Code 06907	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Governor				
8. CANDIDATE NAME						
Title	First Edward	MI M	Last Lamont	Suffix		
9. TYPE OF REPORT						
2nd Supplemental Statement Primary - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
06/18/2010 thru 06/23/2010						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Elvira Albert		06/24/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Lamont For Governor		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$693,381.94	
14. Contributions received from Individuals (Section A and B)	\$2,950.00	\$442,811.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-I)	\$600.00	\$2,853,052.06
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$3,550.00	\$3,296,393.59
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$696,931.94	\$3,296,393.59
20. Expenses Paid by Committee (Section N)	\$380,013.53	\$2,979,475.18
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$316,918.41	\$316,918.41
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$14,217.22
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$1,183.34	\$93,165.14
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,707.41	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,207.41	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Malecky	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0831	Amount of Contribution
Residential Street Address 15 Gildersleeve Rd	City Portland	State CT	Zip Code 06480	Date Received 06/18/2010		
Principal Occupation Pathologist	Name of Employer middletown Boe	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Desrosier	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0830	Amount of Contribution
Residential Street Address 103 Mason St	City Greenwich	State CT	Zip Code 06830-6605	Date Received 06/18/2010		
Principal Occupation President	Name of Employer Desrosier of Greenwich, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00	
Last Name Petrone	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0832	Amount of Contribution
Residential Street Address 448 Jones Hollow Rd	City Marlborough	State CT	Zip Code 06447-1042	Date Received 06/19/2010		
Principal Occupation Manager	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Mason	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0833	Amount of Contribution
Residential Street Address 73 Somerset St	City Belmont	State MA	Zip Code 02478-2004	Date Received 06/23/2010		
Principal Occupation education	Name of Employer Bright Horizons Family Solutions	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00	

Total of Section B			\$2,950.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A & B)	(Total on Line 14 of Summary Page)	\$2,950.00

I. MONETARY RECEIPTS (Section A-I)

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
C1. Contributions from Other Committees				
Name of Committee			Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # No		Amount of Contribution
City	State	Zip Code	Date Received Aggregate Contributions	
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
Date Received						

Total of Section D

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Lamont For Governor		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
Total of Section E		

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Lamont For Governor					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Lamont For Governor			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Chase Card Services			Date of Transaction 06/19/2010		Amount Received \$600.00
Street Address PO Box 15153		City Wilmington	State DE	Zip Code 19886-5153	
Description Credit Card Reward Credit					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY					
NAME OF					FILING DUE DATE
COMMITTEE					
Lamont For Governor					
J1. Fundraising Event Information					
Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser	Letter				
Was this fundraising event hosted at a personal residence?			Yes	No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Total of Section J2							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Individual Committee						
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Lamont For Governor

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)

First Name

MI

Date Received

Amount of
Deposit

Street Address

City

State

Zip Code

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sandler, Reiff & Young, P.C.					06/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1533		
300 M St SE Ste 1102	Washington	DC	20003-3437	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
legal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$809.17
Name of Payee					Date of Payment	Method of Payment	Amount
Direct TV					06/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1532		
PO Box 9001069	Louisville	KY	40290-1069	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
cable tv							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$88.38
Name of Payee					Date of Payment	Method of Payment	Amount
Lexham Avon, LLC					06/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1235		
PO Box 33633	Hartford	CT	06150	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
West Hartford Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$4,000.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Allegra					06/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1530</u>	<input type="checkbox"/> Debit Card	
1060 Chapel St	New Haven	CT	06510-2402	OFFICE			
Description					Event #		
office supply							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$183.91							
Name of Payee					Date of Payment	Method of Payment	Amount
Partnership for Stong Communities					06/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1531</u>	<input type="checkbox"/> Debit Card	
227 Lawrence St	Hartford	CT	06106-1430	OVHD			
Description					Event #		
room rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$350.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					06/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	<input type="checkbox"/> Debit Card	
PO Box 15153	Wilmington	DE	19886-5153	CCP			
Description					Event #		
Credit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$9,205.12							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					06/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
PO Box 15153	Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card		
Description					Event #		\$600.00
Credit Card Reward Payment Applied							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					06/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1535</u>		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		\$2,316.78
telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					06/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1535</u>		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		\$342.46
telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Bristol Lettering LLC					06/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1536</u>	<input type="checkbox"/> Debit Card	
1718 Park St	Hartford	CT	06106	PRNT			
Description					Event #		
printing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.44
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					06/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	<input type="checkbox"/> Debit Card	
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT			
Description					Event #		
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$582.41
Name of Payee					Date of Payment	Method of Payment	Amount
LeBlanc Communications Group					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1237</u>	<input type="checkbox"/> Debit Card	
38 High Ridge Rd	West Redding	CT	06896-2019	EFV *			
Description					Event #		
Telephone Rentals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,981.14

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Bristol Lettering LLC					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1236</u>	<input type="checkbox"/> Debit Card	
1718 Park St	Hartford	CT	06106	PRNT			
Description					Event #		
Printing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$61.48
Total of Section N							\$380,013.53

IV. EXPENDITURES									
NAME OF COMMITTEE								FILING DUE DATE	
Lamont For Governor									
O. Campaign Expenses Paid By Candidate									
Name of Payee						Date of Payment		Is Reimbursement Claimed?	Amount
Street Address			City		State	Zip Code		Yes No	
Purpose of Expenditure	Description					Event #			
Total of Section O									

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other
--	---

Name of Vendor Staples Direct				Date of Transaction 06/20/2010	Amount \$291.22
Street Address 500 Staples Dr	City Framingham	State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other
--	---

Name of Vendor Gulf				Date of Transaction 06/20/2010	Amount \$32.16
Street Address 927 Park Ave	City Bridgeport	State CT	Zip Code 06604-3917		
Purpose of Expenditure TRVL	Description Gas		Event #		

Name of Issuing Institution Chase Card Services	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other
--	---

Name of Vendor Inn at Middletown				Date of Transaction 06/20/2010	Amount \$224.51
Street Address 70 Main St	City Middletown	State CT	Zip Code 06457-3407		
Purpose of Expenditure TRVL	Description Hotel		Event #		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
Q. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor Chase Card Services				Date Incurred 06/23/2010		Event #	
Street Address PO Box 15153			City Wilmington			State DE	Zip Code 19886-5153
Purpose of Expenditure Misc *	Description credit card debit as of 6/23						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
						\$1,707.41	
						Total of Section Q	\$1,707.41

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant Stango, Benjamin		Date of Payment 06/19/2010		Method of Payment <input checked="" type="checkbox"/> Check # 1196	
Secondary Payee Digital River Inc.		Purpose of Expenditure OFFICE		<input type="checkbox"/> Debit Card	
Street Address 9625 W 76th St		City Eden Prairie		State MN	
				Zip Code 55344-3765	
Description computer program				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				\$59.95	
Name of Worker/Consultant Administaff		Date of Payment 06/22/2010		Method of Payment <input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Michael Koenigs		Purpose of Expenditure WAGE		<input type="checkbox"/> Debit Card	
Street Address 2433 E 7th Avenue Pkwy		City Denver		State CO	
				Zip Code 80206-3801	
Description Payroll				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				\$474.80	
Total of Section R				\$534.75	

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
Description					
Total of Section S					